U. S. COST REIMBURSABLE (Department, bureau, or establishment)					FAID BI				
Voucher prep	ared at		(Give place and date)		·		ŧ	-H.	
THE UNITED		(Give place and date) Payee's Account No			DDD-0859-3				
To						_	COBY /	OF 2	
		(Pa	yee)			4	COF1 7		
	(A d	dress)	(City)	(State)					
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		r Federal supply	QUANTITY	UNIT PRICE		AM	
	Or Service	Discount Terms				Cost	Per	Do	
		Costs						\$1	
PAYMENT:									
Complete									
Partial									
Final			nuatien sheet(s) if necess						
Shipped from	!	to We	eight Go	overnment B/L No.	yee must NO	Tues this	Total	\$.	
I certify that the	above bill is correc	t and just and that paymen	t has not been received.						
		(Sign original only)		Differe	nces				
-									
Date 1/22	/59_ *Payee	required when a like see	tificata is made by payee on attached	bill or bills)				6	
				Amo	unt verified;				
Per Contract No.		Date	Reg. No.		nature or init Date		nvoice Rec'o		
Contract No.	4 101	Date	Keq. No.		Date	11	nvoice Nec c	1.	
Pursuant to authe	rity vested in me,	I certify that this account is	correct and proper for p	payment.					
† Approved for \$.				†	(Authori:	od Cartifyi	ng Officer)		
_			SIGN ORIGINAL						
Ву			ONLY	Title					
Title				Date					
	THE REVERSE OF T	HIS FORM MUST BE EXECUTED WIL	EN PURCHASES ARE MADE OR						
		NTING CLASSIFICATION							

